N311 Care Plan 1

Lakeview College of Nursing

Sarah Evans

N311 Care Plan

## Demographics (5 points)

| **Date of Admission** | **Patient Initials** | **Age** | **Gender** |
|---|---|---|---|
| 02/14/2021 Carle<br>02/20/21 OSF | BP | 09/08/1934 (86 years) | Female |
| **Race/Ethnicity** | **Occupation** | **Marital Status** | **Allergies** |
| Caucasian | Retired RN | Married | Oxycodone, Penicillins and multiple other antibiotics |
| **Code Status** | **Height** | **Weight** | |
| No CPR | 5’4” | 75.2 Kg (165 pounds) | |

### Medical History (5/5 Points)

**Past Medical History:** Hypertension, hyperlipidemia, Rubella, Obesity, Lichen Sclerosus on perineum, Angina at rest, pacemaker, heart block, coronary artery disease, chronic diastolic congestive heart failure, endometrial hyperplasia, non-ischemic cardio myopathy, TIA (July 2020). Allergies to most antibiotic drugs.

**Past Surgical History:** Mastoidectomy (1942), Appendectomy (1988), Pacemaker Placement (2014), Cholecystectomy, Upper GI Endoscopy (2018), Cardiac Cath (2018), Cataract Removal (2019), Inguinal Hernia Repair (2019).

**Family History:** Mother (Deceased) – Heart disease, COPD, Cancer. Father (Deceased)- Heart disease.

**Social History (tobacco/alcohol/drugs):** Former smoker. Quit 1/1/1970. Patient denies use of alcohol and drugs.

**Assistive Devices:** Patient uses bilateral hearing aids, and currently uses a walker.

**Living Situation:** Patient lives with her husband (Jim) of 66 years in Mahomet in a ranch style home that they own.

**Education Level:** Patient graduated with a three year diploma in Nursing. Patient worked as an RN for over 40 years.

## Admission Assessment

**Chief Complaint (2/2 points):** Hemiparesis of left non dominant side.

**History of present Illness (10/10 points):**On February 15th at 0930, an anxious 86 yo woman presented to Carle Foundation Hospital via ambulance. Patient was unable to speak and was experiencing hemiparesis of left non dominant side. Husband stated, "She woke up and went to the bathroom. When she came out, she almost fell. She sat on the bed and tried to speak to me, but wasn't able to. So I called the paramedics. That was at 0830." Patient denied any pain at that time. Upon assessment patient was not able to move her left arm or leg. Patient was also unable to speak. Patient also experienced facial drooping and dysphasia. Patient had a CT scan and was diagnosed with Basilar Artery Thrombosis Ischemic Stroke which caused Hemiparesis of left non dominant side and admitted. Patient remained at Carle Foundation Hospital from 02/15/2021 - 02/20/2021. On 02/20/2021 patient was admitted to OSF for rehabilitation services.

## Primary Diagnosis

**Primary Diagnosis on Admission (2/2 points):** Basilar Artery Thrombosis Ischemic Stroke.

**Secondary Diagnosis (if applicable):** Hemiparesis of left non dominant side.

**Pathophysiology of the Disease, APA format (20 points):**

Basilar Artery Thrombosis Ischemic Stroke is a devastating form of stroke that makes up 1% of all strokes (Reinemeyer, 2021). The Basilar Artery is located at the base of the skull were the two vertebral arteries join together. The basilar artery is responsible for supplying the blood flow to roughly 20% of the brain including the cerebellum, thalamus, brainstem, occipital, and medial temporal lobes of the brain. Because this artery is so important for the brain's blood supply, the mortality rate for this type of stroke is 85%. An ischemic stroke is caused by a thrombus blocking blood flow to a portion of the brain which results in ischemia or the death of brain tissue (Capriotti, 2020). The signs and symptoms of stroke can include hemiparesis, quadriparesis, weakness, motor deficits, facial paralysis, headaches, nausea, vomiting, blurred vision, confusion, altered level of consciousness, hypertension, dysphasia, dysarthria, dizziness (Reinemeyer, 2021). Risk factors for stroke include hypertension, hyperlipidemia, diabetes mellitus, coronary artery disease, peripheral vascular disease, and cigarette smoking. (Reinemeyer, 2021).

Strokes are diagnosed via imaging of the brain. Brain imaging can be achieved by CT scan, MRI, and cerebral angiogram. Along with obtaining brain imaging a physician will likely order and ECG to rule out cardiac etiologies. Treatments for stroke include stabilizing the patient to limit further damage to the brain due to ischemia, stabilizing blood pressure slowly , use of IV thrombolysis with drugs like heparin, recombinant tissue- type plasminogen activator drugs (ocommonly called clot busters), and sometimes surgical removal of clot. These types of treatments have the best outcome if implemented in the first 1-6 hours from onset. Many patients need rehabilitative treatment after having a stroke to help regain strength and

function. Rehabilitation often includes physical therapy, occupational therapy, and speech therapy to help the brain learn to compensate for new deficits (Capriotti, 2020). My patient was diagnosed with a stroke after a CT scan revealed a thrombus in her Basilar Artery. My patient was treated with Plavix to thin her blood and dissolve the thrombus. My patient was at high risk for stroke due to her history of hyperlipidemia which leads to atherosclerosis which can cause thrombus formation. If a thrombus detaches and flows through blood vessels, it will travel until it reaches a blood vessel where it is too small to pass. At this point it can cause a blockage resulting in a stroke. My patient has a history of a TIA in July of 2020 and then this major stroke in February 2021. Therefore, my patient should be educated on the benefits of a low-cholesterol diet, weight loss, and stroke reoccurrence.

**Pathophysiology References (2) (APA):**

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis.

Reinemeyer, N., Prasanna, T., Forshing, L. (2021). Basilar Artery Thrombosis. *StatPearls*. doi:NBK532241

## Laboratory Data (20 points)

***If laboratory data is unavailable, values will be assigned by the clinical instructor***

**CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.**

| Lab | Normal Range | Admission Value | Today's Value | Reason for Abnormal Value |
|---|---|---|---|---|
| RBC | 4.0-5.8x10^6/mcL | 4.24 | 4.35 | N/A |
| Hgb | 12.0-15.8g/dL | 12.4 | 12.6 | N/A |
| Hct | 36.0-47.0% | 37.5 | 38.1 | N/A |
| Platelets | 140-440K/mcL | 233 | 263 | N/A |
| WBC | 4.0-12.0K/mcL | 5.6 | 5.8 | N/A |
| Neutrophils | 40-60% | N/A | N/A | N/A |
| Lymphocytes | 19-49% | N/A | N/A | N/A |
| Monocytes | 3.0-13.0% | N/A | N/A | N/A |
| Eosinophils | 0.0-8.0% | N/A | N/A | N/A |
| Bands | 0.0-10.0% | N/A | N/A | N/A |

**Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.**

| Lab | Normal Range | Admission Value | Today's Value | Reason For Abnormal |
|---|---|---|---|---|
| Na- | 134-144mmol/L | 140 | 139 | N/A |

| | | | | |
|---|---|---|---|---|
| **K+** | **3.5-5.1mmol/L** | **3.7** | **3.9** | **N/A** |
| **Cl-** | **98-107mmol/L** | **106** | **107** | **N/A** |
| **CO2** | **21-31mmol/L** | **24** | **25** | **N/A** |
| **Glucose** | **70-99mg/dL** | **95** | **90** | **N/A** |
| **BUN** | **7-25 mg/dL** | **25** | **23** | **N/A** |
| **Creatinine** | **0.50-1.20mg/dL** | **0.81** | **0.91** | **N/A** |
| **Albumin** | **3.5-5.7 g/dL** | **N/A** | **N/A** | **N/A** |
| **Calcium** | **8.6-10.3 mg/dL** | **9.0** | **9.3** | **N/A** |
| **Mag** | **1.6-2.6 mg/dL** | **N/A** | **N/A** | **N/A** |
| **Phosphate** | **2.4-4.5 units/L** | **N/A** | **N/A** | **N/A** |
| **Bilirubin** | **0.3-1.0 mg/dL** | **N/A** | **N/A** | **N/A** |
| **Alk Phos** | **34-104 units/L** | **N/A** | **N/A** | **N/A** |

**Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.**

| **Lab Test** | **Normal Range** | **Value on Admission** | **Today's Value** | **Reason for Abnormal** |
|---|---|---|---|---|
| **Color & Clarity** | **yellow, clear** | **yellow, cloudy** | **N/A** | **My patient's urine was cloudy because she had a high level of Ecoli in her urine due to UTI. (Capriotti, 2020)** |
| **pH** | **5.0-9.0** | **6.0** | **N/A** | |

| | | | | |
|---|---|---|---|---|
| **Specific Gravity** | **1.003-1.013** | **1.015** | **N/A** | |
| **Glucose** | **Negative** | **Negative** | **N/A** | |
| **Protein** | **Negative** | **Negative** | **N/A** | |
| **Ketones** | **Negative** | **Negative** | **N/A** | |
| **WBC** | **0.0-0.5** | **792** | **N/A** | **Patient' urine had a high number of white blood cell present at time of admission due to the body's attempt to kill the Ecoli infection in her bladder. Ecoli often infects the bladder because of it's close proximity in the bowel. (Capriotti, 2020)** |
| **RBC** | **0.0-3.0** | **N/A** | **N/A** | |
| **Leukoesterase** | **Negative** | **positive, large** | **N/A** | **Leukoesterase is another test that is used to confirm the presence of a UTI (Capriotti, 2020).** |

**Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.**

| **Test** | **Normal Range** | **Value on Admission** | **Today's Value** | **Explanation of Findings** |
|---|---|---|---|---|
| **Urine Culture** | **Negative** | **Ecoli > 100,000** | **N/A** | **Ecoli is the organism that most often in responsible for UTIs causing about 75-90% of UTIs (Copriotti, 2020).** |
| **Blood Culture** | **Negative** | **N/A** | **N/A** | **N/A** |
| **Sputum Culture** | **Negative** | **N/A** | **N/A** | **N/A** |

| | | | | |
|---|---|---|---|---|
| **Stool Culture** | **Negative** | **N/A** | **N/A** | **N/A** |

**Lab Correlations Reference (APA):**

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis.

**Diagnostic Imaging**

## All Other Diagnostic Tests (10 points):

1. **CT Scan Completed 2/15/2021-** Patient exhibited signs and symptoms of stroke. This finding necessitated brain imaging to confirm a thrombosis. Basilar artery thrombosis found.
2. **Urinalysis 2/16/2021-** Patient experienced urgency as well as frequency indicating possible UTI. Urine was found to be cloudy, contain WBC, and Leukoesterase which indicates a positive UTI. Patient was proscribed penicillin by attending hospitalist at Carle Foundation Hospital, but refused medication due to anticipated allergic reaction. Upon admission to OSF patient no longer exhibited signs and symptoms of UTI and declined further urinalysis.
3. **Urine Culture completed on 2/16/2021-** Patient experienced urgency and frequency indicating UTI. Urine culture revealed Ecoli greater than 100,000 present in urine.

**Current Medications (10 points, 2 points per completed med)**
***5 different medications must be completed.**

| **Brand/Generic** | **Atorvastatin LIPITOR** | **Clopidogrel PLAVIX** | **Pocusate Sodium COLACE** | **Senna SENOKOT** | **Potassium Chloride SA KLORCON M** |
|---|---|---|---|---|---|
| **Dose** | **40 mg** | **75mg** | **100mg** | **8.6mg** | **10mEg** |
| **Frequency** | **Nightly** | **Daily** | **BID** | **Up to 2 Times Daily PRN** | **Daily with breakfast** |
| **Route** | **Oral** | **Oral** | **Oral** | **Oral** | **Oral** |
| **Classification** | **Antihyperlipidemic (Jones, 2020)** | **Platelet aggregation inhibitor (Jones 2020)** | **Laxative, stool softener (Jones 2020)** | **Stimulant laxative (MedlinePlus, 2021)** | **Electrolyte repacement (Jones 2020)** |

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|---|---|---|---|---|---|
| **Mechanism of Action** | **"Reduces cholesterol in blood plasma by inhibiting HMG-CoA reductase." (Jones 2020)** | **"Binds to ADP receptors on the surface of activated platelets. This prevents fibrinogen from attaching to receptors. Without fibrinogen, platelets can't aggregate and form thrombi." (Jones 2020)** | **Is a surfactant that softens stool by decreasing surface tension between oil and water in feces. This action lets more fluid penetrate stool, forming a softer fecal mass. (Jones 2020)** | **Stimulant laxatives work by irritating luminal sensory nerve ending, thereby stimulatingg colonic motility and reducing colonic water absorption. (MedlinePlus, 2021)** | **Acts as the majorr cation in intercellular fluid, activating many enzymatic reactions essential for physiological processes including nerve impulses and cardiac and skeletal muscle contraction. (Jones 2020)** |

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|---|---|---|---|---|---|
| **Reason Client Taking** | **Patient has a history of hyperlipidemia. It is important to control these levels well because this causes atherosclerosis which can lead to stroke.** | **Patient has a history of TIA and Stroke. It is important to prevent thrombi from forming in the future so that there is not reoccurrence.** | **Client takes this medication PNR when having constipation.** | **Client takes this medication to prevent constipation.** | **Client's potassium levels were 3.7 and 3.9 which is on the lower side of the normal potassium range. Most people have adequate potassium levels just with diet.** |
| **Contraindications (2)** | **Active hepatic disease, hypersensitivity to atorvastatin. (Jones 2020)** | **Active pathological bleeding, hypersensitivity to clopidogrel or its components. (Jones 2020)** | **Fecal impaction, intestinal obstruction. (Jones 2020)** | **GI obstruction or perforation, ulcerative colitis. (MedlinePlus, 2021)** | **Acute dehydration, hyperkalemia. (Jones 2020)** |
| **Side Effects/Adverse Reactions (2)** | **Arrhythmias, hypoglycemia (Jones 2020)** | **fatal intracranial bleeding, gastrointestinal hemorrhage (Jones 2020)** | **Dizziness, syncope, palpitations (Jones 2020)** | **Abdominal pain and discomfort, cramps, diarrhea (MedlinePlus, 2021)** | **Asystole, arrhythmia, bradycardia (Jones 2020)** |

**Medications (5 required)**

**Medications Reference (APA):**

**Jones, D.W. (2020). Nurse's drug handbook. (A. Bartlett, Ed.) (19th ed.). Jones & Bartlett Learning.**

**MedlinePlus. (updated 2021, March 1). MidlinePlus. U.S. National Library of Medicine. http://medlineplus.gov/**

## Assessment

| | |
|---|---|
| **GENERAL:**<br>**Alertness:**<br>**Orientation:**<br>**Distress:**<br>**Overall appearance:** | **Patient was alert and oriented to person, place, time, and situation. (x4)**<br>**Patient was calm and accepting of her situation during assessment. Overall Physical appearance was clean, neat, and well cared for.** |
| **INTEGUMENTARY:**<br>**Skin color:**<br>**Character:**<br>**Temperature:**<br>**Turgor:**<br>**Rashes:**<br>**Bruises:**<br>**Wounds:** .<br>**Braden Score:**<br>**Drains present: Y☐ N ☐**<br>**Type:** | **Client's skin was dry, warm, pink, and intact with skin turgor < 3 seconds. Skin had no rashes, bruises, or wounds. Patient had no drains.**<br>**Braden Score: 22 which represents low risk of pressure sore.** |

| | |
|---|---|
| **HEENT:**<br>**Head/Neck:**<br>**Ears:**<br>**Eyes:**<br>**Nose:**<br>**Teeth:** | **Patient's head appears normocephalic. Neck appeared symmetrical with trachea at midline. Ears had no visible drainage, were not tender to touch. Patient wears bilateral hearing aids for sensorineural hearing loss. No difficulty hearing when hearing aids were worn and operating correctly. Patient does not wear glasses and eyes exhibited PERRLA and displayed good movement ability when extra ocular movements were tested, pupils were observed to be 3 mm. Eyes appeared to by symmetrical with no drainage present, conjunctive was pink and not inflamed. Patient's nose was midline and does not have a deviated septum. Patient has good oral hygiene, tongue appeared pink and midline with no sores. Bucal mucosa was pink and moist.** |
| **CARDIOVASCULAR:**<br>**Heart sounds:**<br>**S1, S2, S3, S4, murmur etc.**<br>**Cardiac rhythm (if applicable):**<br>**Peripheral Pulses:**<br>**Capillary refill:**<br>**Neck Vein Distention: Y ☐ N ☐**<br>**Edema Y ☐ N ☐**<br>**Location of Edema:** | **S1 and S2 heard. S3 and S4 not heard. Heart beat was observed to be regular. Patient had a pacemaker placed in 2014. Pulses were palpable at carotid, radial, and brachial pule sides bilaterally at +2 strength. Capillary refill was less than 2 seconds. Patient had no edema in any extremities. No jugular vein distention was noted.** |
| **RESPIRATORY:**<br>**Accessory muscle use: Y☐ N ☐**<br>**Breath Sounds: Location, character** | **No abnormal lung sounds were heard upon auscultation. Respiratory rate was observed while client was seated in her chair to be 16 breaths per minute. Patient has no chest deformities. Respirations were observed to be even, calm, and regular. No accessory muscle were used. Patient denies mucus and coughing.** |

| | |
|---|---|
| **GASTROINTESTINAL:**<br>**Diet at home:**<br>**Current Diet**<br>**Height:**<br>**Weight:**<br>**Auscultation Bowel sounds:**<br>**Last BM:**<br>**Palpation: Pain, Mass etc.:**<br>**Inspection:**<br>**Distention:**<br>**Incisions:**<br>**Scars:**<br>**Drains:**<br>**Wounds:**<br>**Ostomy: Y ☐ N ☐**<br>**Nasogastric: Y ☐ N ☐**<br>**Size:**<br>**Feeding tubes/PEG tube Y ☐ N ☐**<br>**Type:** | **Patient states her usual diet at home consists of organically home grown fruits, vegetables, and high quality grass fed beef.**<br>**Current hospital diet is fruits and vegetables, some bread products, and meat. Patient states she passed two swallow studies before she was able return to a non-restricted diet.**<br>**Patient Height is 5'4" (162.6 cm)**<br>**Patient weight is 75.2 kg (165 lb 12.6 oz)**<br>**Patient's BMI is 28.86 kg/m2.**<br>**Bowel sounds were active in all four quadrants at a rate of 5-30 per minute.**<br>**Patient denies nausea, vomiting, and diarrhea. Last BM was the evening of 3/1/2021. Patient states that she had a very unusual episode of bowel incontinence that she relates to hospital diet and drug changes. Patient states she typically wears pull ups because a cream she uses daily on her perineum seeps through cloth easily. Abdomen was soft and not tender to palpation, did not appear to be distended, with no trains or wounds present. Patient has two scars on abdomen: one from previous appendectomy, one from the hernia surgery. Patient has no ostomy. Patient did briefly has a nasogastric feeding tube after the stroke, but it was removed on 2/26/2021.** |
| **GENITOURINARY:**<br>**Color:**<br>**Character:**<br>**Quantity of urine:**<br>**Pain with urination: Y ☐ N ☐**<br>**Dialysis: Y ☐ N ☐**<br>**Inspection of genitals:**<br>**Catheter: Y ☐ N ☐**<br>**Type:**<br>**Size:** | **Urine was yellow, clear, and had no abnormal odor. Patient voided x3 and was continent of bowel and bladder during this shift. Patient denies pain with urination, urgency, and frequency. No dialysis or catheters in place upon assessment. Patient has lichen on perineum but it has been under control recently and not itchy. Patient states this is because of a homeopathic cream called "Golden Seal" that she uses daily which she buys from Germany.** |

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|---|---|
| **MUSCULOSKELETAL:**<br>**Neurovascular status:**<br>**ROM:**<br>**Supportive devices:**<br>**Strength:**<br>**ADL Assistance: Y☐ N ☐**<br>**Fall Risk: Y ☐ N☐**<br>**Fall Score:**<br>**Activity/Mobility Status:**<br>**Independent (up ad lib)**<br>**Needs assistance with equipment**<br>**Needs support to stand and walk** | **Neurovascular status is currently intact, and client has control of her senses. Client was able to independently display full ranges of motion in all of her joint bilaterally. Patient's states her left side feels sluggish and weak, but her ROM is not limited. Patient was able to display opposition with all of her fingers and thumb.**<br>**Patient is currently using a walker and gait belt with a 1 person stand by assist for transfers and ambulation because of previous fall risk assessment that has not been updated to current condition. Patient states she wishes to have a current fall risk evaluation conducted because she will likely no longer require the walker, gait belt, or stand by assist. Fall risk score 30 (medium risk) on Morse Fall Scale. Fall risk will change to 15 (low risk) when PT decide that walker is no longer necessary.**<br>**Client does not need help to perform her ADLs.**<br>**Upper extremity strength is 5/5 on right side and 4/5 on left side. Lower extremity strength is 5/5 on right side and 4/5 on left side. Patient is able to walk over 500+ feet at a time.** |
| **NEUROLOGICAL:**<br>**MAEW: Y ☐ N☐**<br>**PERLA: Y ☐ N☐**<br>**Strength Equal: Y ☐ N ☐ if no -**<br>**Legs ☐ Arms ☐ Both ☐**<br>**Orientation:**<br>**Mental Status:**<br>**Speech:**<br>**Sensory:**<br>**LOC:** | **Patient moves all extremities well with slight weakness of left side arm and leg d/t stroke.**<br>**Eyes exhibit PERLA signs.**<br>**Patient states she has to think about articulating her speech well.**<br>**Patient is A&O x4 and is alert, calm, and acclimating to her new health limitations with a positive outlook and determination to regain strength and independence.**<br>**Patient’s rate of speech is slightly delayed and she slurs a few sounds slightly. Patient states she has to intentionally speak slowly and articulate sounds carefully. Patient's senses touch over all extremities.** |

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|---|---|
| **PSYCHOSOCIAL/CULTURAL:**<br>**Coping method(s):**<br>**Developmental level:**<br>**Religion & what it means to pt.:**<br>**Personal/Family Data (Think about home environment, family structure, and available family support):** | **Patient states, "With God's help I'm a living miracle." Her outlook after her stroke is positive. Patient states she has sufficient support to make s full recovery and return to completely independent living.**<br>**Patient graduated with a three year diploma in nursing in 1955. She is married to her husband Jim of 66 years and they live in a ranch style house that they own in Mahomet. They have 3 adult children.** |

## Physical Exam (18 points)

## Vital Signs, 1 set (5 points)

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| **917** | **94** | **130/82** | **16** | **98.1** | **95%** |

## Pain Assessment, 1 set (5 points)

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| **1040** | **0/10** | **N/A** | **N/A** | **N/A** | **N/A** |

## Intake and Output (2 points)

| Intake (in mL) | Output (in mL) |
|---|---|
| **Orange juice (150 ml), coffee (150 ml), and water (600 ml).** | **Patient voided x 3 . No BM.** |

| | |
|---|---|
| **Total oral intake 900 ml during this shift.** | |

## Nursing Diagnosis (15 points)
## *Must be NANDA approved nursing diagnosis*

| **Nursing Diagnosis**<br>• Include full nursing diagnosis with "related to" and "as evidenced by" components | **Rational**<br>• Explain why the nursing diagnosis was chosen | **Intervention (2 per dx)** | **Evaluation**<br>• How did the patient/family respond to the nurse's actions?<br>• Client response, status of goals and outcomes, modifications to plan. |
|---|---|---|---|
| **1. Impaired Mobility: Physical AEB by left sided weakness d/t stroke.** | **This nursing diagnosis was chosen because patient is experiencing left sided weakness d/t stroke on 2/15/2021.** | **1.Encourage Pt to engage in fine motor exercises like using play dough, stacking cubes, putting in hearing aid independently, practicing tying shoes.**<br><br>**2. Ambulate in hallway as much as tolerated.** | **Patient responded positively to these interventions. Patient stated her main desire is to gain back her strength and return to independent living. Patient's husband is very pleased with patient's progress.** |

| | | | |
|---|---|---|---|
| **2. Risk for falls AEB observed left side weakness of arm and leg** | **This nursing diagnosis was chosen because the patient is at risk for falling d/t her diagnosis of stroke, left sided hemiparesis, and use of walker.** | **1. Maintain safety precautions and fall risk prevention at all times. Lower bed to lowest position, call light within reach, bed and chair alarm set.**<br><br>**2. Educate patient about her risk for falls and discuss importance of calling for help any time ambulation is necessary.** | **Patient understands the necessity of fall prevention. Her condition has steadily improved to the point that she does not believe she needs a walker anymore. She would like to be re-evaluated for her fall risk so that the walker can be deemed no longer necessary. Patient states she will comply with walker and fall risk preventative measures until this can be safely assessed.** |

**Overall APA format (5 points):**

**Concept Map (20 Points):**

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Subjective Data:
1. Patient stated:"I feel weak on my left side in both my arm and my leg.
2. Patient stated: "I have to concentrate a lot in order to articulate my words well."
3. Patient stated: "I had a blow out last night."
4. Pain (0)

Nursing Diagnosis and Outcomes:
Impaired Mobility: Physical as evidenced by left side weakness due to stroke.
Outcome: Patient will show signs of improved ability to manage deficit in strength that could be long lasting. Patient will continue to use walker as long as physical therapist recommends assistive device.
Risk for falls as evidenced by observed left side weakness of arm and leg.
Outcome: Patient will maintain fall risk prevention as evidenced by complying with safety precautions and understanding fall risk. Patient's husband is currently preparing home for low fall risk by removing clutter and area rugs.

CT revealed basilar artery thrombosis ischemic stroke.
WBCs present in urine 792.
Ecoli in urine >100,000.
Strength 4/5 left arm, 4/5 left leg.
Slightly slurred speech.
VS: T: 98.1, BP: 130/82, P: 94, R: 16, O2: 95%

Patient Inforation:
Pt is an 86 year old female history of hyperlipidemia, HTN, CAD, CHF, TIA, and MI. Admitted d/t Basilar artery thrombosis ischemic stroke 2/15/20. Left side hemiparesis.

Encourage pt to engage in fine motor activities like manipulating play doh, stacking small cubes, putting in hearing aid independently, and tying shoes.
Assess patients understanding of present left sided weakness due to stroke and safety measure that are necessary. Discuss safe footwear.
Encourage pt to ambulate in hallway as much as tolerated.
Maintain safety precautions at all times like maintaining bed at low position, using gait belt and walker, call light in reach, bed and chair alarm.
Educate pt for risk of falls discuss importance of complying with assistance during ambulation.